

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>pm</i>	67814	2/10/00
O.I.P.E. CLASSIFIER		6	2-2-6-00
FORMALITY REVIEW	<i>ac</i>	71470	3/3/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	2/10/00
2	✓	✓	2/10/00
3	✓	✓	2/10/00
4	✓	✓	2/10/00
5	✓	✓	2/10/00
6	✓	✓	2/10/00
7	✓	✓	2/10/00
8	✓	✓	2/10/00
9	✓	✓	2/10/00
10	✓	✓	2/10/00
11	✓	✓	2/10/00
12	✓	✓	2/10/00
13	✓	✓	2/10/00
14	✓	✓	2/10/00
15	✓	✓	2/10/00
16	✓	✓	2/10/00
17	✓	✓	2/10/00
18	✓	✓	2/10/00
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20	✓	✓	2/10/00
21	✓	✓	2/10/00
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23	✓	✓	2/10/00
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25	✓	✓	2/10/00
26	✓	✓	2/10/00
27	✓	✓	2/10/00
28	✓	✓	2/10/00
29	✓	✓	2/10/00
30	✓	✓	2/10/00
31	✓	✓	2/10/00
32	✓	✓	2/10/00
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44	✓	✓	2/10/00
45	✓	✓	2/10/00
46	✓	✓	2/10/00
47	✓	✓	2/10/00
48	✓	✓	2/10/00
49	✓	✓	2/10/00
50	✓	✓	2/10/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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